

## SITE COORDINATOR FEEDBACK FORM

*Thank you for your involvement in coordinating the Consumer Education presentation at your location. We value your input and hope you will take time to provide feedback. Once complete, please return this form to the presenter. You may also provide feedback to [AGCP@mi.gov](mailto:AGCP@mi.gov).*

Which presentation(s) did you coordinate?

- |   |  |
|---|--|
| <input type="checkbox"/> Home Repair & Improvement        | <input type="checkbox"/> Investment Fraud      |
| <input type="checkbox"/> Identity Theft                   | <input type="checkbox"/> Online Safety         |
| <input type="checkbox"/> In Home Care & Senior Residences | <input type="checkbox"/> Phone, Mail & e-Scams |

Date: \_\_\_\_\_

Location: \_\_\_\_\_

Presenter: \_\_\_\_\_

1. Did you have any problems obtaining the handouts?

- ☐ Yes *Comments:*  
☐ No

6. Did the presenter relate well to the audience?

- ☐ Yes *Comments:*  
☐ No

2. Did you find the handouts user-friendly and self-explanatory?

- ☐ Yes *Comments:*  
☐ No

7. Was there a topic you hoped we would have covered in the presentations?

- ☐ Yes *Comments:*  
☐ No

3. Are there ways we can improve the presentation coordinating process?

- ☐ Yes *Comments:*  
☐ No

8. Please rate the program content.

☐ Was not able to review

Low High

1 2 3 4 5

*Comments:*

4. Please rate the presenter.

☐ Was not able to review

Low

High

1 2 3 4 5

*Comments:*

5. Was the presenter well-prepared, appropriately dressed, and organized?

- ☐ Yes *Comments:*  
☐ No

How did you hear about us?

<input type="checkbox"/>	Expo
<input type="checkbox"/>	Website
<input type="checkbox"/>	Flyer/Bulletin
<input type="checkbox"/>	Community Seminar
<input type="checkbox"/>	Other:

Name: \_\_\_\_\_

Email Address\*: \_\_\_\_\_

(\*You will be added to our email distribution list)



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